

Instructions For SWARM Registration

On June 5, 2006, the Storm Water Annual Reporting Module (SWARM) will become the newest addition to the California Integrated Water Quality System (CIWQS). CIWQS is used by the Water Boards to compile water quality data, standardize permits, automate processes, and make data more accessible to Water Boards staff, dischargers, the public, and the US Environmental Protection Agency.

These instructions are for dischargers that want to **register for SWARM**.

You must be a **Legally Responsible Official (LRO)** to register a SWARM account and submit an electronic annual report. In the simplest terms, the LRO is the individual that has the authority to either sign the facility's Notice of Intent (NOI) or submit the facility's Storm Water Annual Report. The LRO is responsible for reviewing, validating and certifying the annual report for accuracy and completeness before it is submitted.

A **Data Submitter** is any individual(s) authorized by the LRO to enter data into SWARM on behalf of the LRO. A data submitter may be other employees, contractors, group leaders, analytical laboratories, etc. The LRO is the only individual that can authorize Data Submitters. The LRO may authorize as many as three (3) Data Submitters.

To register as an LRO and identify data Submitters, you must complete and mail the original signed copy of the attached Authorization form to the Water Board at:

**CIWQS Registration
P.O. Box 671
Sacramento, CA 95812**

A separate Authorization form must be completed for each facility.

SWARM PRE-REGISTRATION AUTHORIZATION FORM

After completing the required information below, please sign and return the Authorization form to the CIWQS Help Center.

I, _____, certify that I am the Legally
Authorized Official

of the following facility:

Facility WDID# _____

Facility Name

Facility Mailing Address

Facility Physical
Address _____ (if
different)

My signature on this form also certifies that I agree that my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as by a hand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the Water Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

☐ My contact information is as follows (please print clearly)

Name: _____
FIRST, MIDDLE, LAST,

Mailing Address

Street: _____

City, State, Zip: _____

Phone Number: _____

E-Mail Address: _____

The Water Board will use this email address to send registration information

☐ Legally Responsible Official Signature:

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the facility identified above to be bound by its terms.

Signed: _____
SIGNATURE OF LEGALLY RESPONSIBLE OFFICIAL

Date: _____

☐ Mail completed form to:

CIWQS Registration
P.O. Box 671
Sacramento, CA 95812

If you would like to authorize data submitters, please complete the following page and attach and mail with this form.

PRE-REGISTRATION FOR DATA SUBMITTERS

A Data Submitter is any individual authorized by the LRO to enter data into SWARM on behalf of the LRO. A data submitter may be other employees, contractors, labs, etc. The LRO is the only individual that can pre-register and authorize Data Submitters.

☐ SWARM Data Submitter Information (please print clearly)

I authorize SWARM Data Submitter accounts to be created for the following individuals. Data submitter accounts will allow these individuals to enter, edit, and delete data associated with the Storm Water Annual Reports for the above facility.

Data Submitter 1

Organization/Company Name: _____

Person Name: _____

Email Address: _____

Data Submitter 2

Organization Name: _____

Person Name: _____

Email Address: _____

Data Submitter 3

Organization Name: _____

Person Name: _____

Email Address: _____

☐ Legally Responsible Official Signature:

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and _____ to be bound by its terms.^{FACILITY NAME}

Signed: _____

SIGNATURE OF LEGALLY RESPONSIBLE OFFICIAL

Date: _____

☐ Mail completed form to:

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